2L345 04/02/2009 3:12 PM

Form

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2008 Obenito Public Inspection

	For the 2008	calendar year, or tax year beginning , and ending		· · · · · · · · · · · · · · · · · · ·					
<u> </u>	Check it applicable			D Emple	yer Identification number				
ň	• •	USE IRS ASSOCIATION, INC.		о спри	yer menuncamon number				
님	Address change			26	4404006				
X	Name change	print or Doing Business As POLICE OFFICERS SAFETY ASSOC,	LNC.		4494026				
	Initial return		coon/sulte	_	one number				
믐	EMPOLICITIES	See 23 TEABERRY DRIVE		401	<u>-465-8484</u>				
IJ	Termination	Instruc- City or town, state or country, and ZIP + 4	I	G Gross rece	tots 1,506,586				
$\Box$	Amended return	tions. CHEPACHET RI 02814	ſ						
Application peopling F Name and address of principal officer.									
	Application pendin	DAVID KENIK - TREASURER	1						
			]	afaliata Na en A(d)H	affiliates H., H.,				
		23 TEABERRY DRIVE		include	d? Yes [] No				
		CHEPACHET RI 02814		ii "No."	'attach a list. (see instructions)				
1_	Tax-exempt str								
7	Website: 🕨	WWW.AMERICANPSA.ORG		H(c) Group	exemption number				
K	Type of organizati	on: X Corporation Trust Association Other L Year	of formation: 20	02	M State of legal domicite: RI				
<b>E</b>	arti	Summary							
	T								
		COPARD DESTAN ORGANISE AND OFFED PRICARTANAL AND							
8					•••••				
돌		STRUCTIONAL CLASSES, SEMINARS AND TRAINING FOR LAW							
5		PORCEMENT OFFICERS AND PERSONNEL.							
Activities & Governance		this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25%							
٠ 8	3 Numbe	er of voting members of the governing body (Part VI, line 1a)		3	4				
8	4 Number	er of independent voting members of the governing body (Part VI, line 1b)		4	3				
ž		1		1 - 1	2				
춫					0				
₹	6 Total n	umber of volunteers (estimate if necessary)		·   •	<u> </u>				
		ross unrelated business revenue from Part VIII, line 12, column (C)							
	b Net un	related business taxable income from Form 990-T, line 34	ىي مېيمىسمى	. 7b	0				
		<u> </u>	Prior Yea		Current Year				
•	8 Contril	utions and grants (Part VIII, line 1h)		,360	1,499,035				
Š	9 Progra	m service revenue (Part VIII, line 2g)	10	,548	7,546				
Revenue	10 Investr	nent income (Part VIII, column (A), lines 3, 4, and 7d)			5				
ož.	11 Other	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
		evenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	769	, 908	1,506,586				
		and similar amounts paid (Part IX, column (A), lines 1-3)							
		·			<del></del>				
		s paid to or for members (Part IX, column (A), line 4)	F	400	E0 677				
88	15 Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)			59,677				
Expenses	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)	646	,426	1,333,812				
Ş.	b Total fi	undraising expenses (Part IX, column (D), line 25) 1,334,305							
ũ	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  expenses. Add lines 13-17 (must equal Part IX, column (A), line 25 (25)  line less expenses. Subtract line 18 from line 12	79	,898	59,900				
	18 Total e	xpenses, Add lines 13-17 (must equal Part IX, column (A), line 25)	784	,724	1,453,389				
	19 Poven	to loss armonese. Subtract line 18 from line 12		,816	53,197				
58	13 1/64211	ue less expenses. Subtract line 18 from line 12.  ssets (Part X, line 16) abilities (Part X, line 26) sets or fund balances. Subtract line 21 from line 20	Beginning of		End of Year				
ro sta	20 Total a	ssets (Part X, line 16)	58	,824	71,856				
	8	abilities (Part X, line 26)		,558	34,433				
W #	4	audines (Part X, une 20)		,734	37,423				
				, /34	37,423				
		Signature Block							
乭	ļ (	Inder penalties of perjury, I declare that thave examined this return, lecturing combinanying schedules and s and bellet in is true, course, and complete. Declaration of preparer (other than officer) is based on all information	tatements, and t	o the best o	f my knowledge				
M		and deligent is true, correct, and complete. Declaration of preparer (other than officer) is based on all information	on or which prep	erer nas any	kgoynedge.				
Sig	ın 🕕			1 5					
⊱ He	re	Signeture of difficer		Date					
<u></u>	· ·	DAVID KENIK TREASU	RER						
		Type or print name and title			<del></del>				
₽	<del></del>				Preparer's Identifying number				
⊗ Da	ا ا	Preparer's Date Date	Check if	· -	(see instructions)				
Pa	· · · · · · · · · · · · · · · · · · ·	ignature Commence of Scock 4/02/	09 employe	<b>d ▶</b> L	P00100199				
	parer s	MCENERNEY, BRADY & COMPANY, LLC		EIN	<b>▶</b> 22-2833962				
≅Us	~ ~	rm's name (or yours) 293 EISENHOWER PARKWAY, SUITE 270	<del></del>	Phone	<del>,</del>				
		address, and ZIP + 4 LIVINGSTON, NJ 07039-1711		1 .	973-535-2880				
Mac				no. ▶					
		uss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·		Yes No Form 990 (2008)				
UAA	. POTPHVAC	y Act and Paperwork Reduction Act Notice, see the separate Instructions.			rum 330 (2008)				

1 Briefly describ TO CREATI INSTRUCT ENFORCEM  2 Did the organit the prior Form If "Yes," descri 3 Did the organit services? If "Yes," descri 4 Describe the e Section 501(c) allocations to continuous to continuou	tement of Program Service Accomplishments (see instructions) the organization's mission:  Z, DESIGN, ORGANIZE AND OFFER EDUCATIONAL AND CONAL CLASSES, SEMINARS AND TRAINING FOR LAW ENT OFFICERS AND PERSONNEL.  Lation undertake any significant program services during the year which were not listed on 990 or 990-E27  Lation undertake any significant program services during the year which were not listed on 990 or 990-E27  Lation cease conducting, or make significant changes in how it conducts, any program  Lation cease conducting, or make significant changes in how it conducts, any program  Lation cease conducting, or make significant changes in how it conducts, any program  Lation cease conducting, or make significant changes in how it conducts, any program  Lation cease conducting, or make significant changes in how it conducts, any program  Lation cease conducting, or make significant changes in how it conducts, any program  Lation cease conducting, or make significant changes in how it conducts, any program  Lation cease conducting, or make significant changes in how it conducts, any program  Lation cease conducting, or make significant changes in how it conducts, any program  Lation cease conducting, or make significant changes in how it conducts, any program  Lation cease conducting, or make significant changes in how it conducts, any program  Lation conducting, or make significant changes in how it conducts, any program  Lation conducting conducting conducts, and conduct
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Form **990** (2008)

\*Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Schedule C. Part II X ...... 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes " complete X Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable X Did the organization receive an audited financial statement for the year for which it is completing this return 12 that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 X Did the organization maintain an office, employees, or agents outside of the U.S.? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III X 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H X 20 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25. X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . X

# Part IV Checklist of Required Schedules (continued)

	-	Yes	NO
During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
Have a direct business relationship with the organization (other than as an officer, director, trustee, or	27.7		2 5
employee), or an indirect business relationship through ownership of more than 35% in another entity		300	٠ <u>٩</u> ﴿ مُعِيدُ الْأَوْمِيدُ الْأَوْمِيدُ الْأَوْمِيدُ الْمُ
(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,		7. 2 L	
Part IV	28a		X
Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
complete Schedule L, Part IV	28b		X
Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a	1		
professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
conservation contributions? If "Yes," complete Schedule M	30		X
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
Part I	31		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Schedule N, Part II	32		X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
III, IV, and V, line 1	34	X	
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
Schodula D. Dart V. line 2	35		X
* * * * * * * * * * * * * * * * * * * *			
amonimation 2 if War F complete Calendria D. Pont V line 2	36		X
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			i
VI	37		x
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV  Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV  Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Did the organization on conduct more than 5% of its activities through an entity that is not a related organization and that Is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV  28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV  28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  28 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Schedule N, Part II  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I  34 Uvas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV

Form 990 (2008)

#### Part V Statements Regarding Other IRS Filings and Tax Compliance Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1a U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial ..... ..... .. ... If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shefter Transaction? X Did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than X If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... X For all contributions of qualified intellectual property, did the organization file Form 8899 as required? a For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring X 8 organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. X Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter. Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11h Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year

21.345 04/02/2009 3.12 PM Form 990 (2008) AMERICAN POLICE AND SHERIFF'S 36-4494026 Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Enter the number of voting members of the governing body 1a Enter the number of voting members that are independent b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? X 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: X The governing body? Each committee with authority to act on behalf of the governing body? ь Does the organization have local chapters, branches, or affiliates? X 9a 9a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies No Yes X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C 12c describe in Schedule O how this is done X Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure ► AL, AK, AZ, CA, CO, CT, FL, GA, HI, IL, KY, LA, MD List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request

- 17
- 18

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: TREASURER

401-827-0010

CHEPACHET

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than
   \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	anization did not compen (B) Average			(0	<b>2</b> )	hat ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	institutional trustes	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RALPH MROZ PRESIDENT	40	x		x				27,700	0	
DAVID KENIK TREASURER	40	x		ж				27,100	0	(
JILL KENIK SECRETARY	5	x		x				O	0	
ALAN MILLER BOARD MEMBER	5	x		x				0	0	(
										- · · · · · · · · · · · · · · · · · · ·
,										
	······································					П				

(A) Name and title	(B) Average		tion (	() checi	<b>C</b> )		pły)	(D)  Reportable	(E) Reportable	(F) Estimated
	hours per week	or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
• • • • • • • • • • • • • • • • • • • •										
									<del></del>	
1b Total				• • • •	<u> </u>		<b></b>	54,800		
2 Total number of india organization ▶ 0	viduals (including those in 1	a) w	ho re	ceiv	ed n	ore	than	\$100,000 in reportable com	pensation from the	
employee on line 1a 4 For any individual lis the organization and individual	ted on line 1a, is the sum of related organizations greated on line 1a receive or according the organization? If "Yes,"  Contractors for your five highest competed.	tie J f rep ter th ue co com	for sortal ortal nan \$ ompe plete	ensate Sch	indivompe 0003 ion f	ensal If "Y rom e J fe	tion (es, any or su	and other compensation from complete Schedule J for su	n ich	Yes No
COMPONSAION NOM	(A) Name and business address						Τ	Descrip	(B) tion of services	(C) Compensation
CHARITABLE RES	OURCE FOUNDATION		INC			01		FIELD COMMONS DE		
COMMUNITY SUPP	ORT, INC.		32			E	ST	WISCONSIN AVENU FUNDRAISING	E, STE 408	432,625
HARBINGER COMM ALEXANDRIA	. CO., INC.		23			01	MA	ARTHA CUSTIS DRIV FUNDRAISING	E	222,100
2 Total number of inde	ependent contractors (includ	lina (	lhos-	e in 1	) wh	o rec	Pive	ed more than \$100,000 in		
compensation from										3 Form 990 (2008)

For	n 990	(2008) AME	RICAN P	OLI	CE ANI	SHERI	FF'S	36-4494026	<u></u>	Page 9
P	intV	III Staten	nent of Rev	enue	•					
10 mary 1							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
gifts, grants	1a	Federated can	npaigns	1a						
E S	ь	Membership d	ues	1b						
S, S	c	Fundraising ev		1c						
뚪	d	Related organi		1d						
ΣE	8	Government grants		10					***************************************	
E S	f	All other contribution	is, gilts, grants,							
혛축		and similar amounts	not included above	1 <b>f</b>	1,4	99,035				
호	g	Noncash contribution	ns included in lines t	a-1f:						
Contributions,	ħ	Total. Add line					1,499,035			
						Busn. Code	Tally and the same of the same			
Program Service Revenue	2a	DVD SAL	<u> </u>				7,546	7,546		
2	ь									
8	C									
Sen	d									
m	е									
g	f	All other progra		-						-
2	g	Total Add line	s 2a-2f			▶	7,546	#1.55 PM ##2.15 %	11.886	
	3	Investment inc	-							
		other similar a	mounts)			<b>&gt;</b>	5			5
	4	Income from in	vestment of ta							
	5	Royalties		.,,		.,., 🕨				
			(i) Real		(ii) F	ersonal				
	6a	Gross Rents								
	ь	Less: rental exps.								
	С	Rental inc. or (loss)								
	_d	Net rental inco	me or (loss) .			🕨				
	7a	Gross amount from sales of assets	(i) Securit	ies	(ii)	Other	100			
		other than inventory								
	ь	Less: cost or other								
		basis & sales exps.								
	C	Gain or (loss)			<u> </u>					
	đ	Net gain or (los	ss)		. <u>,</u>	<u></u>				
•	8a	Gross income fro	om fundraising ev	ents						
enu		(not including \$								
•		of contributions r	eported on line 1	c).	ŀ					7.00
8		See Part IV, line	18		a					
Other Rev		Less: direct ex			b[					
ō		Net income or			g <u>events</u>	<u> </u>		L PARTIE DE PREMIERIE DE PARTIE DE		CALL SOCIALISM STATE AND
	9a	Gross income fro			1					
			19		a					
		Less. direct ex		!	b					
	ł .	Net income or	-	_	ctivities	<u>,.</u> ▶				
	10a	Gross sales of	• .	}	1					
		returns and all		'	<u> </u>					
		Less: cost of g		اا	D					
	C	Net income or			rventory .	Buon Codo				
	46	m isc	etaneous Reveni	10		Busn. Code	PARTIE THE			
	11a			·· ·		<u> </u>		<del></del>		
	b						· <del> </del>	<u> </u>		
	C						<del></del>			
	đ	All other reven	- 44- 444						AND LABOR.	
		Total Reserve			4 5 64 7			STATE OF THE PARTY		
	12	Total Revenue					1 505 505	7 546	0	E
نــ		9c, 10c, and 1	I <del>t</del>	• • • • •	<del></del> .	<u>, ,,, </u>	1,506,586	7,546		5

Form 990 (2008) AMERICAN POLICE AND S Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
-	organizations in the U.S See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				A STATE OF THE STA
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·			
5	Compensation of current officers, directors,	<del> </del>	· · · · · · · · · · · · · · · · · · ·		
•	trustees, and key employees	54,800	44,936	9,864	
6	Compensation not included above, to disqualified	34,800	44,930	3,003	<del></del>
•	·				
	persons (as defined under section 4958(f)(1)) and				
~	persons described in section 4958(c)(3)(B)			· · · · · · · · · · · · · · · · · · ·	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)	1			
_	and section 403(b) employer contributions)				
9	Other employee benefits	4 600			<u> </u>
10	Payroll taxes	4,877	3,999	878	
11	Fees for services (non-employees):				
8	Management				
b	Legal	13,434		13,434	
c	Accounting	21,203		21,203	
đ	Lobbying		ALTE THE CHEST AND THE CONTROL TO THE		
9	Professional fundraising services. See Part IV, line 17	1,333,812			1,333,812
f	Investment management fees				
8	Other				
12	Advertising and promotion				
13	Office expenses	4,575		4,575	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	267	134	133	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	interest	588		588	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	717		717	
23	Insurance			· · · · · · · · · · · · · · · · · · ·	
24	Other expenses, Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	BANK SERVICE CHARGES	5,382	and the second s	5,382	- most of the second
a h	FILING/REGISTRATION FEES	3,988		3,988	
~	CREDIT CARD SETTLEMENT FE	2,318	1,825	3,330	493
٦	•• ••••• •• • • • • • • • • • • • • • •	2,119	2,119		
<u> </u>	DANA FARBER JIMMY FND DNT	1,980	1,980		<del></del>
0	DVD PUBLISHING EXPENSES	3,329	749	2 500	
7	All other expenses		55,742	2,580 63,342	1 224 205
25	Total functional expenses. Add lines 1 through 24f	1,453,389	33,142	03,342	1,334,305
26	John Costs. Check here  Jif following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
DAA		<del> </del>	<del></del>		Form 990 (2008)

الصافيات	4,67	Dalance Sileet		(A) Beginning of year		Er	(B)	ear	
	1	Cash—non-interest bearing		36,481	1		6	1,3	304
	2	Savings and temporary cash investments			2				
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net		15,652	4			2,5	551
	5	Receivables from current and former officers, directors, trustees, key							
		employees, or other related parties. Complete Part II of Schedule L			5	1			
	6	Receivables from other disqualified persons (as defined under section			T	100	16	4. A. A.	75. 45. 45. 45. 45. 45. 45. 45. 45. 45. 4
	-	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		Bill Br. 190 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19	. (4 <sup>2</sup>		ر ۔ با≃		
				in the second second	6			تبريب	الوست المنطقة الم
m	7				7				
Assets	8	Notes and loans receivable, net	5,974		<del> </del>		8,0	01	
88	1 ]	Inventories for sale or use		5,5,2	-	<u> </u>		<u> </u>	
⋖	9	Prepaid expenses and deferred charges	3,308		300	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		30'5	
	10a		3,308		1.0		257		
	P	Less: accumulated depreciation. Complete	3,308	717					
	١	Part VI of Schedule D 10b	3,308	/1/		<del> </del>			
	11	Investments—publicly traded securities			11	<del> </del>			
	12	Investmentsother securities. See Part IV, line 11			12	<u> </u>			
	13	Investments—program-related See Part IV, line 11			13	<del> </del>			
	14	Intangible assets			14	<del> </del>			
	15	Other assets. See Part IV, line 11		E0 004	15	<del> </del>			<del></del>
	16	Total assets. Add lines 1 through 15 (must equal line 34)		58,824				1,8	
	17	Accounts payable and accrued expenses		20,365		<u> </u>	1	6,4	198
	18	Grants payable	··	18	<b> </b>				
_	19	Deferred revenue			19	ļ			
	20	Tax-exempt bond liabilities			20	ļ			
98	21	Escrow account liability. Complete Part IV of Schedule D			21		- Angelija	ata inac talka	
Liabilities	22	Payables to current and former officers, directors, trustees, key					7	0.93	
ab		employees, highest compensated employees, and disqualified						2-1-9	
Ξ		persons. Complete Part II of Schedule L			22	<u> </u>			
	23	Secured mortgages and notes payable to unrelated third parties			23	<u> </u>			
	24	Unsecured notes and loans payable			24				
	25	Other liabilities. Complete Part X of Schedule D		43,193	25	<u> </u>	1	<u>.7,9</u>	}35
	26	Total liabilities. Add lines 17 through 25		63,558	26		3	4,4	133
ø		Organizations that follow SFAS 117, check here ▶ X and							
8		complete lines 27 through 29, and lines 33 and 34.							
lan	27	Unrestricted net assets		-7,124	27	I	1	8,4	143
Balances	28	Temporarily restricted net assets	· ··· · · · · · · · · · · · · · · · ·	2,390	28		1	.8,9	980
_	29	Duman and an additional and a constant			29	1			
Fund		Organizations that do not follow SFAS 117, check here ▶					77.6		
	ļ	and complete lines 30 through 34.	•						
\$ of	30				30				
Assets	31	Capital stock or trust principal, or current funds Paud-in or capital surplus, or land, building, or equipment fund			31				
88	32	Retained earnings, endowment, accumulated income, or other funds			32				
₹.	33			-4,734	_		3	37,4	123
Net	t	Total net assets or fund balances  Total liabilities and net assets/fund balances		58,824		<del> </del>		11,8	
_	34 art)			30/023	1 34	<u> </u>			
¥15.	art#	AB Financial Statements and Reporting	<del></del>				T	Yes	No.
			A	What		K			No
1		counting method used to prepare the Form 990: Cash		ther		ļ <sup>e</sup>	20	ere ere	X
2:		ere the organization's financial statements compiled or reviewed by an in		ntr	• • • • •	····	2a	x	-
ı		ere the organization's financial statements audited by an independent ac			• • • • •	·····-	2b	<del>-</del>	
•		Yes" to lines 2a or 2b, does the organization have a committee that assu					. 1	<b>پ</b> ا	
		e audit, review, or compilation of its financial statements and selection of				· · · · }	2c	X	
3		a result of a federal award, was the organization required to undergo an				1		1	~
							3a		X
	b If"	Yes," did the organization undergo the required audit or audits?				<u></u>	3b		

SCHEDULE A (Form 890 or 990-EZ)

•

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2008
Capen for Parallic

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN POLICE AND SHERIFF'S ASSOCIATION, INC.

Employer identification number 36-4494026

₹ <b>P</b> i	iri-	🏯 Reas	on for Public Charity	Status (All organizations	s must 🛭	omplete	this p	art.) (s	see ins	structio	ns)		
The	orga	nization is not	a private foundation because	e it is: (Please check only one or	ganization.	)		-					
1	П	A church, cor	vention of churches, or ass	ociation of churches described in	section 1	70(b)(1)(	A)(i).						
2	П		cribed in section 170(b)(1)(										
3	П			e organization described in sec	Hon 170(b)	(IIIYAYIII)	. (Attach	Schedu	de H.)				
4	П			f in conjunction with a hospital de						ne hosniti	al's name.		
-	ш	city, and state	- ·					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
5		•		f a college or university owned o	or operated	hy a ama			ecribad	im		••••	• • • • •
•	ш	•	b)(1)(A)(iv). (Complete Part	_	n operaceu	by a gove	31111161116	ai wiii Ge	34 1064	uı			
_		•	*****	•	-4 470/	LV4V.AV	٠.						
6	Н		•	overnmental unit described in se	•		•	- th		.L.E.			
7	ш	•	_	substantial part of its support from	uı sı govern	menta un	at or mon	n me ge	ilei an br	IDIIC			
_			section 170(b)(1)(A)(vi). (C										
8	H			70(b)(1)(A)(vi). (Complete Part									
9	Δ	· ·	•	) more than 33 1/3 % of its supp				-		_			
		-		pt functions—subject to certain	•					f its			
		• •	~	d unrelated business taxable inc	•		11 tax) fr	om busi	nesses				
	_	acquired by the	he organization after June 30	0, 1975. See section 509(a)(2).	(Complete	Part III.)							
10	Н	_	•	exclusively to test for public safe	•	•							
11	Ш	-	· · ·	exclusively for the benefit of, to p			-	•					
				ed organizations described in se						tion			
		509(a)(3). Ch	eck the box that describes the	he type of supporting organization	on and com	plete lines	s 11e thr	ough 11	h.				
	_	a L Type	i bi Typeli	c Type III—Function	ally Integra	rte <b>d</b>	d	∐ Тур	e III-Ot	her			
e	Ш	By checking t	his box, I certify that the orga	anization is not controlled directly	y or indirec	tly by one	or more	disqual	ified				
		persons other	than foundation managers	and other than one or more publ	icly suppor	ted organ	izations	describe	ed in see	ziion			
		509(a)(1) or s	section 509(a)(2).										
f		If the organiza	ation received a written dete	rmination from the IRS that it is a	a Type I, Ty	mpell, or 1	Type III s	upportin	9				
		organization,	check this box										$\sqcup$
g		Since August	17, 2006, has the organizat	ion accepted any gift or contribu	tion from a	ny of the							
		following per	sons?										
		(i) A persor	who directly or indirectly co	introls, either alone or together w	vith person:	s describe	(ii) ni be					Yes	No
		and (iii) l	celow, the governing body of	the supported organization?				. <b></b> .			119(1)		
		(ii) A family	member of a person describ	ed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person d	escribed in (i) or (ii) above?							11g(#)		
h		Provide the f	ollowing information about th	ne organizations the organization	supports.								
m	Name	of supported	(II) EIN	(III) Type of organization	fivi is the o	rgantzation	MIDH	ou notify	(e)	sthe	(vii) Amo	unt of	
1.7		anzation	(4) C	(described on lines 1-9	1	sted in your		abzation in	organizat	1	supp		
				above or IRC section	governing	document?	,	of your		zed in the			
				(see instructions))	V	No	Yes	port?	Yes	No			
—		<del></del>		<del>                                     </del>	Yes	INC	l es	No	168	NO			
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				<del>                                     </del>				<u> </u>	<del>                                     </del>	<del>├</del>	····		
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'ofa					到数数			<b>建设等学</b>	No.	E 16 1			

	dule A (Form 990 or 990-EZ) 2008 AMI	ERICAN POL	ICE AND S	HERIFF'S	36	-4494026	Page 2
žP.	In least Support Schedule for O	rganizations De	escribed in Sec	ctions 170(b)(1	I)(A)(iv) and 17	70(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box of	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						· · · · · · · · · · · · · · · · · · ·
8	Public support. Subtract line 5 from line 4 .						
	tion B. Total Support	<del>,</del>	<del> </del>				
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, etc. (	see instructions)				12	
3	First five years. If the Form 990 is for the	organization's first, :	second, third, fourt	n, or fifth tax year a	s a section 501(c)(	3)	
	organization, check this box and stop here	) .,, ,					, ▶ 📙
Sec	tion C. Computation of Public Su	pport Percent	age				
4	Public support percentage for 2008 (line 6,	column (f) divided b	y line 11, column (	f))		14	%
5	Public support percentage from 2007 Sche	dule A, Part IV-A, lir	ne 26f			15	%
6a	33 1/3 % support test-2008. If the organi	ization did not checl	the box on line 13	, and line 14 is 33	1/3 % or more, che	ck this box	
	and stop here. The organization qualifies a						▶ 📙
þ	33 1/3 % support test-2007. If the organi	ization did not checl	k a box on line 13 d	r 16a, and line 15	is 33 1/3 % or more	e, check this	
	box and stop here. The organization qualif						▶ 📋
7a	10%-facts-and-circumstances test-200						
	more, and if the organization meets the "fac	•					
	organization meets the facts-and-circumst			<del>-</del>	-		▶ 🗌
b	10%-facts-and-circumstances test200					ne 15 is 10% or	
	more, and if the organization meets the "fac	=					
	organization meets the "facts-and-circumst	ances" test. The org	ganization qualifies	as a publicly supp	orted organization		▶ 🗀
8	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see in		

Schedule A (Form 990 or 990-EZ) 2008 AMERICAN POLICE AND SHERIFF'S Partill Support Schedule for Organizations Described in Section 509(a)(2)

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,319,667	864,067	825,130	759,360	1,499,035	5,267,259
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			14,940	10,548	7,546	33,034
3	Gross receipts from activities that are not an unrelated trade or business under section 513		,				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	1,319,667	864,067	840,070	769,908	1,506,581	5,300,293
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		:				
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b					ACTOR FOR	•
8	Public support (Subtract line 7c from line 6.)						5,300,293
	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	1,319,667	864,067	840,070	769,908	1,506,581	5,300,293
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97					102
b	section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	97				5	102
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				经有多数门		5,300,395
14	First five years. If the Form 990 is for the organization, check this box and stop here	_			s a section 501(c)(	-	▶□
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2008 (line 8,	column (f) divided t	y line 13, column (	f))		15	99.9981 %
16	Public support percentage from 2007 Sche	dule A, Part IV-A, lir	ne 27g			16	99.9974 %
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2008 (lin	ne 10c, column (f) d	vided by line 13, co	olumn (f))		17	0.0019 %
18	Investment income percentage from 2007 S	Schedule A, Part IV-	-A, line 27h			18	0.0026 %
19a	33 1/3 % support tests—2008. If the organ						
	17 is not more than 33 1/3 %, check this bo	-		•			▶⊠
b							. 🗂
	line 18 is not more than 33 1/3 %, check thi					anization	₹ Ӈ
20	Private foundation. If the organization did	not check a box on	une 14, 19a or 19b	, check this box an	d see instructions		▶ 🗔

Schedule A (Fo	orm 990 or 990-EZ) 2008 Supplemental info			SHERIFF'S	36-4494026 ation required by Part II, line	
	Part II, line 17a oi	17b; or Part III, I	ine 12. Provide	any other addition	al information. (see instruct	ions)
• • • • • • • • • • • • • • • • • • • •	· ·· ·· ······ ···			• • • • • • • • • • • • • • • • • • • •		
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SCHEDULE D (Form 990)

Department of the Treasury

### **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that

OMB No. 1545-0047

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12, Internal Revenue Service Name of the organization Employer Identification number AMERICAN POLICE AND SHERIFF'S ASSOCIATION, INC. 36-4494026 Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year \_\_\_\_\_ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements **2**a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/08 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 \_\_ \_ \_ \_ \_ 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? No Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 

\$\\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section

the organization's accounting for conservation easements. Part Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ...... In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

provide the following amounts reading to these kerns.					
(i) Revenues included in Form 990, Part VIII, line 1	▶	<b>\$</b> _	 	 	_
(ii) Assets included in Form 990, Part X	ightharpoons	<b>\$</b> _	 	 _	
If the organization received or held works of art. historical treasures, or other similar assets for financial gain, provide the					

2 following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X'

No

Yes

Sche	dule D (Form 990) 2008 AMERICAN I	POLICE AND	SHERIFF'S	3	6-4494026		_Page 2
Pa	rtill Organizations Maintaining	Collections of Ar	t, Historical Treas	sures, or C	Other Similar Ass	ets (contini	ued)
3.	Using the organization's accession and other reitems (check all that apply):	ecords, check any of the	e following that are a sig	gnificant use o	of its collection		
a	Public exhibition	d 🗌 Loa	an or exchange program	ns			
ь	Scholarly research	e 🗌 Ott				_	
ε	Preservation for future generations	<del></del>		<b>-</b>		_	
4	Provide a description of the organization's colle Part XIV.	ctions and explain how	they further the organiz	zation's exem	pt purpose in		
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b					Yes	No
Pa	Trust, Escrow and Custodia				swered "Yes" to F	orm 990,	
15 #25-	Part IV, line 9, or reported a						
1a	Is the organization an agent, trustee, custodian						
	included on Form 990, Part X?					∐ Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV an	nd complete the following	g table:				
						Amour	nt
C	Beginning balance				16		
d	Additions during the year						
0	Distributions during the year	,			1e		
f	Ending balance				11	<del></del>	
	Did the organization include an amount on Form	n 990, Part X, line 21?				Yes	∐ No
	If "Yes," explain the arrangement in Part XIV.						
Pa	Endowment Funds. Comple						· • • • • • • • • • • • • • • • • • •
	ļ_	(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three years	back (e) For	ur years back
1a	Beginning of year balance						
b	Contributions						
c	Investment earnings or losses						
d	Grants or scholarships		Versi ( Med.				44
0	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
9	End of year balance						
2	Provide the estimated percentage of the year e						
a	Board designated or quasi-endowment	%					
b	Permanent endowment   %						
C	Term endowment ▶%						
3a	Are there endowment funds not in the possessi	ion of the organization t	hat are held and admin	istered for the	•		V 1 11-
	organization by:					[2-42	Yes No
						3a(i)	
	(ii) related organizations					3a(li)	
	If "Yes" to 3a(ii), are the related organizations li					<u>3b</u>	1
4				Dod V I	ino 10	•	
: P.E	Investments Land, Bulldin	<del></del>			(c) Depreciation	(d) Bool	k volue
	Description of investment	(a) Cost or other bas	is (b) Costor of	ner .	(c) Deprecation	(4) 500	K ARICA
	•	(Investment)	hade (other	n I			
		(investment)	basis (other	<u> </u>	ENINE EN E	<del></del>	
	Land	(investment)	basis (other	<u> </u>			
b	Buildings	(investment)	basis (other	<u> </u>			
b b	· ····· · · · · · · · · · · · · · · ·	(investment)		<u> </u>	3,308		

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Fo	orm 990) 2008 AMERICAN POLICE AND SE	HERIFF'S	36-4494026	Page 3
Part VII	Investments-Other Securities. See Form 990	, Part X, line 12.		
	(a) Description of security or category	(b) Book vatue	(c) Method o	f valuation:
	(including name of security)		Cost or end-of-ye	ar market value
Financial deriva	atives and other financial products			
Closely-held ed		<u> </u>		
Other				
			- <del> </del>	
			<del> </del>	
			<del> </del>	<del> </del>
			-	
			<del></del>	
		ļ	<del> </del>	
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 12.)			
PartVIII	Investments—Program Related. See Form 990	,	<del> </del>	<del></del>
	(a) Description of investment type	(b) Book value	(c) Method of	
			Cost or end-of-ye	er market value
			· ·	
***************************************	<del></del>		<del>-  </del>	<del></del>
Total (Cohumn	(b) should equal Form 990, Part X, cot. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.	<u> </u>		38339536-8-350638-449P-15-321-5-321-22-5
E-BITTINES	(a) Description	<del></del>		(b) Book value
	(α) εσωφική		<del></del>	10/ 2004 1005
	· · · · · · · · · · · · · · · · · · ·			
		··		
			<del></del>	<u> </u>
· · · · · · · · · · · · · · · · · · ·		<u> </u>		
<u></u>	· · · · · · · · · · · · · · · · · · ·			
	(b) should equal Form 990, Part X, col. (B) line 15.)		<u>,                                   </u>	<u> </u>
Part X	Other Liabilities. See Form 990, Part X, line 25			
	(a) Description of liability	(b) Amount		
Federal income	e taxes			
	PROFESSIONAL FUNDRAISER	17,93	5)	
	ARBER JIMMY FUND DNTN PAYABLE			
<u>-</u>				
		<u> </u>		
<del></del>				
<del></del>		<del> </del>	十三天公司中心发展	
		<del> </del>		
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 25.)	17,93		

Sch	dule D (Form 990) 2008 AMERICAN POLICE AND SHERIFF'S		Page 4
P	Reconciliation of Change in Net Assets from Form 990 to		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,506,586
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,453,389
3	Excess or (deficit) for the year. Subtract line 2 from line 1		53,197
4	Net unrealized gains (losses) on investments	<u>1_4</u>	
5	Donated services and use of facilities	5	
6	Investment expenses		
7	Prior period adjustments		,
8	Other (Describe in Part XIV)		<u> </u>
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	.,	
	Reconciliation of Revenue per Audited Financial Stateme		
1	Total revenue, gains, and other support per audited financial statements		1,506,586
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
đ	Other (Describe in Part XIV)	2d	
8	Add lines 2a through 2d	26	
3	Subtract line 2e from line 1	3	1,506,586
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Ь	Other (Describe in Part XIV)	4b	
¢	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)		
	Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per Retu	
1	***************************************	1	1,453,389
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
þ	Prior year adjustments	2b	
¢	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
0	Add lines 2a through 2d		
3	Subtract line 2e from line 1	.,	1,453,389
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIV)	4b	<b>3</b>
C	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,453,389
	Supplemental Information		
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines		
	b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d an PART XIV - SUPPLEMENTAL FINANCIAL INFORMATI		
_	EXPLANATION OF PART X OTHER LIABILITIES, PA	GR 3 OF SCHEDULE D	FORM 990
		gg_3_of pempeng_p_	
_			<del></del>
	THE "DANA FARBER JIMMY FUND PAYABLE" ACCOUN	T RATANCE WAS \$20 O	ያቸው ጥል በበ
		<del>_</del>	
_1	EGINNING OF 2008. IT WAS PAID OFF IN FULL	DURING THE YEAR AND	THE BALANCE
τ	VAS REDUCED TO \$0.00.		
—'	<u> </u>		. <b></b>
_			. <b></b>
	,	— : <del>-</del> —	· - · <del>-</del>

Schedule D (Fo	m 990) 2	2008	AM	ER.	IC	AN	POI	LIC	Œ.	AN.	D S	HE	RII	F	S				36	-44	94	02(	5					1	Page	5
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Query To Public Inspection

Name of the organization

AMERICAN POLICE AND SHERIFF'S

Employer identification number

ASSOCIATION, INC.					36-44940	26
Part Fundraising Activities. Complete if	the organization	n ar	ıswe	ered "Yes" to Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through a	ny of the following a	ctiviti	es. Ch	neck all that apply.	<del> </del>	
a X Mail solicitations				emment grants		
b Email solicitations	f Solicitation		-	•		
c X Phone solicitations		-		-		
	g Special fund	drausu	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement wit or key employees listed in Form 990, Part VII) or entity ir						X Yes No
b If "Yes," list the ten highest paid individuals or entities (fu to be compensated at least \$5,000 by the organization. F						
(I) Name of individual	(ii) Activity		d fund- r have	(IV) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		custr	ndy or rol of utions?	from activity	(or retained by) fundraiser listed in col. (1)	(or retained by) organization
			No			
CHARITABLE RESOURCE FOUNDATION, INC						
	FUNDRAISIN		x	750,731	661,989	88,742
COMMUNITY SUPPORT, INC.						
	FUNDRAISIN		X	491,669	432,625	59,044
HARBINGER COMMUNICATIONS, CO., INC.	FUNDRAISIN		x	234,372	222,100	12,272
ALL-PRO PRODUCTIONS, INC.						_
	FUNDRAISIN	<u> </u>	X	19,995	17,098	2,897
The Michael Control of the Control o	· · · · · · · · · · · · · · · · · · ·	-				
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Total			•	1,496,767	1,333,812	162,955
3 List all states in which the organization is registered or lic	ensed to solicit fund	s or h	as be			
registration or licensing.				•		
ALASKA, ALABAMA, ARIZONA, CALIFO						
HAWAII, ILLINOIS, KENTUCKY, LOUI	· · · · · · · · · · · · · · · · · · ·	• • •			<b>.</b>	••••••••
MINNESOTA, MISSISSIPPI, MISSOUR NEW JERSEY, NEW MEXICO, NEW YOR	· · · · · · · · · · · · · · · · · · ·					
SOUTH CAROLINA, TENNESSEE, VIRG						
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	•••••				•••••	• • • • • • • • • • • • • • • • • • • •

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:		7.5	
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		l
	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		4.14	
	formed to administer chantable gaming?	12		

Sche	dute G (Form 990 or 990-EZ) 2008 AMERICAN POLICE AND SHERIFF'S	36-4494026	P	age 3
			Yes	No
13.	Indicate the percentage of garning activity operated in:			* * 4
a	The organization's facility	13a %		
b	An outside facility	13b %		S - 3
14	Provide the name and address of the person who prepares the organization's gaming/special events books			- T
	and records:			
				1
	Name ▶			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming	( <u>*</u> 27%		
	revenue?	150		
b	If "Yes," enter the amount of garning revenue received by the organization ▶ \$ a	und the		1
	amount of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address:			
	Name ▶			
	Address •			
16	Gaming manager information:			
	Name >			
		<u> </u>		
	Gaming manager compensation ▶ \$	a de la companya de l		
	Description of services provided ▶			
	Director/officer Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a	A 79 - 19 - 19	2000
Þ	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year ▶ \$			國際國

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN POLICE AND SHERIFF'S ASSOCIATION, INC.

Employer identification number 36-4494026

FORM 990, PART III, LINE 2 EQUIPMENT GRANTS:
THE ORGANIZATION CONTRIBUTED REGULARLY TO ITS NEW EQUIPMENT GRANT BUT MADE
NO GRANTS DURING 2008, CHOOSING TO WAIT UNTIL LATER (2009) TO
MAKE INITIAL GRANTS WHEN THE FUND WOULD BE OF SUFFICIENT SIZE SO THAT THE
ORGANZATION COULD ENTERTAIN SIGNIFICANT GRANT REQUESTS.
FINANCIAL ASSISTANCE TO FAMILIES OF OFFICERS KILLED IN THE LINE OF DUTY:
THE ORGANIZATION CONTRIBUTED REGULARLY TO THE NEW FINANCIAL ASSISTANCE
GRANT FUND BUT MADE NO GRANTS DURING 2008, CHOOSING TO WAIT UNTIL
THE YEAR 2009 TO MAKE THE INITIAL GRANTS WHEN THE FUND WOULD BE OF
SUFFICIENT SIZE SO THAT THE ORGANIZATION COULD ENTERTAIN SIGNFICANT GRANT
REQUESTS.
ADDITIONAL INFORMATION ABOUT OUR PROGRAM ACCOMPLISHMENTS FOR OUR ONGOING
EDUCATION AND TRAINING PROGRAM:
IN 2008 THE ORGANIZATION CONTINUED TO DISTRIBUTE THEIR NINE MAJOR TRAINING
PROGRAMS TO LAW ENFORCEMENT PERSONNEL. THESE MAJOR PROGRAMS ARE EITHER
VIDEO OR POWERPOINT PROGRAMS THAT EXCEED ONE HOUR IN LENGTH OR 100 SLIDES
IN LENGTH. THERE WERE 62,929 DOWNLOADS OF THESE PROGRAMS TO 7648 UNIQUE
PEOPLE, NATIONWIDE. THE ORGANIZATION CONTINUED TO WORK WITH THE RURAL LAW

Schedule O (Form 990) 2008

Name of the organization . AMERICAN POLICE AND SHERIFF'S	Employer Identification number 36-4494026
ENFORCEMENT TECHNOLOGY CENTER TO FURTHER DISTRIBUTE HA	ARD COPIES OF THESE
PROGRAMS TO RURAL LAW ENFORCEMENT AGENCIES. IN ADDITIONAL PROGRAMS TO RURAL LAW ENFORCEMENT AGENCIES.	ON, THERE WERE
THOUSANDS OF ADDITIONAL DOWNLOADS OF OUR SHORTER TRAIL	NING
PROGRAMS (TYPICALLY 3-5 MINUTES IN LENGTH, PRESENTED II	N A VIDEO TIP FORMAT).
FORM 990, PART III, LINE 3	
THE ORGANIZATION CEASED PUBLICATION OF THE POSA QUARTI	ERLY JOURNAL IN 2008,
REPLACING IT WITH ONLINE ARTICLES. THESE ARE TYPICALLY	Y 1500-2500 WORDS
LONG AND WERE DOWNLOADED THOUSANDS OF TIMES DURING THI	E YEAR.
IN 2008, THE ORGANIZATION CONCLUDED THEIR ACTIVE PROMO	OTION OF THE COPS4KIDS
PROGRAM, WHICH BENEFITED PEDIATRIC CANCER RESEARCH TH	ROUGH DONATIONS TO THE
JIMMY FUND/DANA FARBER CANCER INSTITUTE. THE ORGANIZA	FION MADE A DONATION
OF \$41,119 TO THE JIMMY FUND IN 2008, WITH MOST OF TH	E FUNDS HAVING BEEN
COLLECTED IN 2007. THE ORGANIZATION IS NO LONGER ACTIVE	ELY ENGAGED IN THE
COPS4KIDS PROGRAM, AND IS SEEKING ANOTHER ORGANIZATION	N TO TAKE IT OVER.
FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION	AMONG OFFICERS
DAVID KENIK JILL KENIK	
TREASURER SECRETARY	
HUSBAND AND WIFE	
FORM 990, PART VI, LINE 8A - DOCUMENTATION BY GOVERNII	
THE ORGANIZATION HELD BOARD MEETINGS AND DOCUMENTED TO WRITTEN BOARD MINUTES.	ACTIONS TROUGH
FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS US	SED TO REVIEW FORM 990

Name of the organization Employer identification number AMERICAN POLICE AND SHERIFF'S 36-4494026 THE PROCESS THE ORGANIZATION USED TO REVIEW THE FORM 990 IS AS FOLLOWS: COPIES OF THE FORM 990 WERE DISTRIBUTED TO EACH BOARD MEMBER AT LEAST TWO WEEKS PRIOR TO FILING. A BOARD MEETING WAS THEN HELD TO REVIEW THE FORM 990 JOINTLY AND APPROVE IT. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY A REVIEW OF ANY POSSIBLE INFRACTIONS OF THE CONFLICT OF INTEREST POLICY HAS BEEN INSERTED INTO THE AGENDA OF EACH BOARD MEETING HELD. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE COMPENSATION PROCESS: THE ORGANIZATION HAS AN EMPLOYMENT CONTRACT THAT SPECIFIES CONSERVATIVE MARKET RATES FOR THEIR EXECUTIVE OFFICERS. THE MARKET RATES WERE ESTABLISHED BY AN INTERNET SEARCH FOR SALARIES OF COMPARABLE ORGANIZATIONS. THESE RATES WERE FURTHER REVIEWED BY THE ORGANIZATION'S ATTORNEY, WHO HAS VAST EXPERIENCE WITH SECTION 501(C)(3) ORGANIZATIONS OF ALL KINDS. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS OFFICERS OR KEY EMPLOYEES COMPENSATION PROCESS: THE ORGANIZATION HAS AN EMPLOYMENT CONTRACT THAT SPECIFIES CONSERVATIVE MARKET RATES FOR THEIR OFFICERS/KEY EMPLOYEES. THE MARKET RATES WERE ESTABLISHED BY AN INTERNET SEARCH FOR SALARIES OF COMPARABLE ORGANIZATIONS. THESE RATES WERE FURTHER REVIEWED BY THE ORGANIZATION'S ATTORNEY, WHO HAS

VAST EXPERIENCE WITH SECTION 501(C)(3) ORGANIZATIONS OF ALL KINDS.

AMERICAN POLICE AND SHERIFF'S

Employer Identification number 36-4494026

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, NORTH CAROLINA, NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 1023, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE ON REQUEST. INTERESTED PARTIES SHOULD MAIL THEIR REQUEST TO P.O. BOX 1075, GREENFIELD, MA 01302-1075; LISTING THE DOCUMENTS THEY WISH TO HAVE COPIED, AND THE ADDRESS TO WHICH THE DOCUMENTS SHOULD BE MAILED. THE INTERESTED PARTIES SHOULD INCLUDE A CHECK TO COVER THE ORGANIZATION'S OUT-OF-POCKET COSTS FOR COPYING AND MAILING PLUS A \$5.00 HANDLING FEE. FURTHER DETAILS ARE AVAILABLE AT THE ORGANIZATION'S WEBSITE AS DOCUMENTS BECOME AVAILABLE FOR COPYING. SCHEDULE O - ADDITIONAL INFORMATION PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE SECTION C, DISCLOSURE THE ORGANIZATION MAKES IT FORM 1023 AND FORM 990 AVAILABLE ON REQUEST. INTERESTED PARTIES SHOULD MAIL THEIR REQUEST TO P.O. BOX 1075, GREENFIELD,

Schedule O (Form 990) 2008	Page 2
Name of the organization  AMERICAN POLICE AND SHERIFF'S	Employer identification number 36-4494026
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ADDRESS TO WHICH THE DOCUMENTS SHOULD BE MAILED. THE INTE	RESTED PARTIES
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SCHEDULE R

(Form 990)

OMB No. 1545-0047

Related Organizations and Unrelated Partnerships

Schedule R (Form 990) 2008 Open to Public (F) Direct controlling antity (F) Ofrect controlling entity Employer identification number 36-4494026 2008 NONE (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. O (D) Exempt Code section (D) Total Income 501 (C)
Legal domicile (state
or foreign country) (C) Legal domicile (state or foreign country) ğ ▶ See separate instructions. (B) Primary activity Primary activity TRAINING ê For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA ........ ...... •••••••••••••••••••••••••••••••••••• 26-2903852 Identification of Related Tax-Exempt Organizations AMERICAN POLICE AND SHERIFF'S ..... Identification of Disregarded Entitles (A)
Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity FIREFIGHTERS SUPPORT FOUNDATION, IN 64 EAST CLEVELAND STREET GREENFIELD MA 01301 ASSOCIATION, INC. .... Name of the organization Department of the Treasury Internal Revenue Service Parti Part

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Schedule R (Form 990) 2008 AMERICAN POLICE AND SHERIFF		တ	36-4494026	026					Page 2
Partill Identification of Related Organizations Taxable	ons Taxable a	as a Par	a Partnership					•	
(A) Neme, addrese, and EiN of related organization	(B) Primary activity	(C) Legal domicle (state or foreign country)	(D) Direct controlling entity	(E) Predominant Income (related, Investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	Dispro- portionate alloc.?	(1) Code V—UBI Ger amount in box 20 of ma Schedule K-1 pa (Form 1085)	(J) General or managing partner? Yes No
									ļ
									! 
									<b></b>
Raffily Identification of Related Organizations Taxable		s a Cor	as a Corporation or Trust	rust					
(A) Name, address, and EIN of related organization	(8) Primary activity		(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. 8 corp. or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership	
		,							
DAA							Schedu	Schedule R (Form 990) 2008	2008

Year Comprise from the same of the same from the same fr	at polynolisa			
During the law, well during manufaction region in the following transactions with one or more related organization; an expension region for the following transactions with one or more related organization; or the controlled entity.  Celt, grant, or capital controlled or their cognitization; of the companization; of the companiza			N.	
Gar, grant, or capital contribution to other organization(s)  Gard, capital contribution to other organization(s)  Learn or item grant or capital contribution to other organization(s)  Learn or item grant or capital contribution to other organization(s)  Learn or item grant organization(s)  Sale of assessit to other organization(s)  Sale of assessit to other organization(s)  Sale of assessit to other organization(s)  Exchings of leasted  Exchings of sasses from other organization(s)  Exchings of sasses from other organization(s)  Performance of selections are manipulated to desire organization of sole organization for expenses  Reimbureament paid to other organization for expenses  Reimbu		~	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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to demonstrate of cash or properties from other organization (e)  Lean or clean journal creates to other organization (e)  Sale of seases to other organization (e)  Exchange of seases to other organization (e)  Performance of seases from other organization (e)  Performance of seases to other organization (e)  Performance of seases to enhance the organization (e)  Performance of seases to enhance the organization (e)  Performance of seases to enhance the organization (e)  Performance of seases the organization for expenses  Reinburgement paid to other organization for thinding on who must complete this file (little answer to any of the above is 74e, see the instructions for hinding on who must complete this file (little answer to any of the above is 74e, see the instructions for hinding on whom the	Gift, grant, or capital contribution to other organization(s)		#	M
Learn or the guarantees to of no other organization(s)  Learn or the guarantees to other organization(s)  Learn or the guarantees to other organization(s)  Purchase of seasots to other organization(s)  Exchange of seasots  Exchange of seasots  Leas of follies, equipment, or other seasots from the organization(s)  Performance of services or membership for fundations for other organization(s)  Performance of services or membership or fundations for other organization(s)  Performance of services or membership or fundations obtained assets from the organization of post organization or expenses  Reinformance of services or membership or fundations for other organization or expenses  Reinformance or facilities, equipment, mailing lists, to order seasots  Reinformance or property to other organization for expenses  Reinformance or property to other organization or expenses  Reinformance or property to other organization for expenses  Reinformance or property to other organization(s)  Intelligent transfer of cash or property to other organization(s)  Name of the answer to any of this above is "Fest," see the instructions or who must complete this line, including covered relationship or the organization(s)  Intelligent transfer of cash or property the must complete this line, including covered relationship or the organization(s)  Name of the answer to any or this above is "Fest," see the instructions or who must complete this line, including covered relationship or the organization organizat			10	×
Sale of assets be other organization(6)  Sale of assets be other organization(6)  Further than the organization(6)  Further than the organization(6)  Further than the organization(7)  Further than the organization(8)  Further than the organization(8)  Further than than than than than than the organization(9)  Further than than than than than than than than			. 1d	M
Sale of seasets from other organization(s).  Purchase of assets from other organization(s).  Leave of partities, equipment, or other seasets to other organization(s).  Leave of partities, equipment, or other seasets from other organization(s).  Performance of services or memberable or fundralising solicitations by other organization(s).  Performance of services or memberable or fundralising solicitations by other organization(s).  Performance of services or memberable or fundralising solicitations by other organization(s).  Sharing of paid employees.  Reimbursement paid to other organization for expenses.  Check transfer of cash or property to other organization(s).  Other transfer of cash or property to other organization(s).  If the armwert to say of the above is "Yea," use the information or whor must complete this life, including covered relationships and transaction thresholds.  (A)  If the armwert to say of the above is "Yea," use the information or whor must complete this life, including covered relationships and transaction thresholds.  (A)  It makes of other organization for expenses.	Loans or loan guarantees by other organization(s)		╬	+
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Exchange of sassis from other organization(s)  Exchange of sassis from other organization(s)  Lease of facilities, equipment, or other assets to oner organization(s)  Performance of services or membership of fundations of cuber organization for other organization for other organization for other organization for other organization for exponses  Reinfournement, malling lists, or other assets  Reinfournement, malling lists, or other assets  Reinfournement paid to other organization for exponses  Reinfournement paid to other organi			<b>=</b>	×
Exchange of assets Lease of facilities, equipment, or other assets to other organization(s) Lease of facilities, equipment, or other assets to other organization(s) Lease of facilities, equipment, or other assets from other organization(s) Performance of services or membership or fundraising solicitations by other organization of other organization for other organization for expenses Sistenting of tacilities, equipment, maling lists, or other assets Sistenting of tacilities, equipment, maling lists, or other assets Sistenting of tacilities, equipment, maling lists, or other assets Sistenting of tacilities, equipment, maling lists, or other assets Sistenting of tacilities, equipment, maling lists, or other assets Sistenting of tacilities, equipment, maling lists, or other assets Sistenting of tacilities, equipment, maling lists, or other assets Sistenting of tacilities, equipment, maling lists, or other organization for expenses City transfer of cast or properly to other organization for expenses City transfer of cast or properly to other organization of when organization or who must complete this line, including covered relationship to the above is "Yes," see the instructions for including covered relationship to the above is "Yes," see the instructions for the organization (or application or who must complete this line, including covered relationship to the above is "Yes," see the instructions for the organization or who must complete this line, including covered relationship to the organization of t	Purchase of assets from other organization(s)	:	19	M
Lease of facilities, equipment, or other sessets from other organization(s)  Performance of services or membership or fundralising solicitations for other organization(s)  Performance of services or membership or fundralising solicitations by other organization(s)  Performance of services or membership or fundralising solicitations by other organization for organization for expenses  Sharing of facilities, equipment, malling lists, or other assets  Reimbursament paid to other organization for expenses  Reimbursament paid to other organization for expenses  Other transfer of cash or property to other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered religitionships and manches  Name of their organization for expenses  Name of their organization(s)  Transaction thresholds.  (C)  Transaction thresholds.	Exchange of assets	_	=	×
Lease of facilities, equipment, or other assets from other organization(s)  Performance of services or membership or fundratising solicitations for other organization(s)  Sharing of real equipment, mailing lists, or other assets  Sharing of real equipment, mailing lists, or other assets  Sharing of real equipment, mailing lists, or other expenses  Sharing of real equipment, mailing lists, or other expenses  Services on or property to other organization for expenses  Cher transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this including covered relationships and transaction freeholds.  If the answer to any of the above is "Yes," see the instructions of other organization(s)  Name of other organization(s)  Transaction freeholds	Lease of facilities, equipment, or other assets to other organization(s)		=	×
Starting of facilities, equipment, or other organization(s)   1   1   1   1   1   1   1   1   1				
Performance of services or membership or fundraising solicitations for other organization(s)  Performance of services or membership or fundraising solicitations by other organization(s)  Sharing of records services or membership or fundraising solicitations by other organization or other assets  Reimbursement paid to other organization for expenses  Reimbursement paid to other organization for expenses  Reimbursement paid by other organization for expenses  Other transfer of cash or property to other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction intesholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction intesholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction intesholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction intesholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction intesholds.			Ŧ	×
Performance of services or membership or fundrialing solicitations by other organization(s)  Sharing of featilities, equipment, mailing lists, or other assets  Sharing of paid employees  Sharing of paid employees  Reimbursement paid by other organization for expenses  Reimbursement paid by other organization for expenses  Other transfer of cash or property from their organization(s)  Other transfer of cash or property from other organizations are instructions for information on who must complete this line, including covered relationships and transaction inneathors.  (the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction inneathors.  (The answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction inneathors.  (A)  (The answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction inneathors.  (A)  (The answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction inneathors.  (A)  (A)  (A)  (A)  (A)  (A)  (A)  (A			  -  -	×
Sharing of facilities, equipment, malling lists, or other assets  Sharing of point employees  Sharing of point employees  Reimbursement paid to other organization for expenses  Reimbursement paid by other organization for expenses  Reimbursement paid by other organization for expenses  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction  Name of other organization(s)  Name of other organization(s)  Transaction  Amount involved  Transaction  Amount involved	Deferment of control of memberships are final and an area of the control of grant and the control of the contro		=======================================	Þ
Sharing of paid employees Sharing usis, or other asserts Sharing of paid employees Reimbursement paid to other organization for expenses  Reimbursement paid by other organization for expenses Other transfer of cash or property to other organization(s) Other transfer of cash or property to other organization(s) Other transfer of cash or property from other organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (C) Name of other organization on who must complete this line, including covered relationships and manufaction of the complete this line, including covered relationships and manufaction of the complete this line, including covered relationships and manufaction of the complete this line, including covered relationships and manufaction of the complete this line, including covered relationships and manufaction of the complete this line, including covered relationships and manufaction of the complete this line, including covered relationships and manufaction of the complete this line, including covered relationships and manufaction of the complete this line, including covered relationships and manufaction of the complete this line, including covered relationships and manufaction of the complete this line, including covered relationships are constructed to the complete this line, including covered relationships and manufaction of the complete this line, including covered this line, including covered the complete this line, including covered this line,	ations by other organization(s)	:		4
Sharing of paid employees  Reimbursement paid to other organization for expenses  Other transfer of cash or property to other organizations for Information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for Information on who must complete this line, including covered relationships and transaction thresholds.  (c)  Name of other organization(s)  Name of other organization(s)  Amount involved  Sype (s-r)  Yope (s-r)			:	4
Reimbursement paid to other organization for expenses  Raimbursement paid by other organization for expenses  Other immunities of cash to property from other organization(s)  (If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	Sharing of paid employees			× Andrews
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Name of other organization for expenses  Other transfer of cash or property to other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (C)  Name of other organization(s)  Name of other organization(s)  Transaction thresholds.  (C)  Transaction thresholds.  (C)  Transaction thresholds.	Keimbursement paid to other organization for expenses		2	4
Other transfer of cash or property to other organization(6)  Other transfer of cash or property from other organization(6)  Other transfer of cash or property from other organization(6)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (B)  (C)  Name of other organization(0)  Name of other organization(0)  Name of other organization(0)  Transaction  Yipe (a-r)  Yipe (a-r)	Reimbursement paid by other organization for expenses			×
Other transfer of cash or property to ourer organization(s)  (b)  (c)  (d)  (d)  (d)  (e)  (e)  (f)  (f)  (f)  (f)  (e)  (f)  (f	A Other teamfor of each or measure, to other second in the		Section 1	
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (A)  Name of other organization(s)  Yepe (a-r)  Yepe (a-r)	Other transfer of cash or property to other organization(s).  Other transfer of cash or property from other organization(s)		5 +	4 ×
Nemo of other organization(s) Transaction Type (a-r) Vype (a-r)	ŧ	and transaction thresholds.		
Name of other organization(a)  Transaction type (a-r)	•	(8)	9	
(3) (4) (5)	Name of other organization(e)	Transaction type (a-r)	Amount involved	
(3) (4) (5)	(1)			
(5)	(2)			
(5) (5)				
(5)	(3)			
(5)	(4)			
(5)				
(9)	(2)			
	(9)			

Schedule R (Form 990) 2008 AMERICAN POLICE AND SHERIFF'S

36-4494026

Partwiff Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) (C) (C) Name, address, and EiN of entity Pnmary activity Legal domicile A (state or foreign country)	(B) Pnmary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate athocations?	(0) Code V—UBI amount in box 20 of Schedule K-1 (Form 1085)	(H) General or managing partner?	(H) General or managing partner?
			Yes No		Yes	,	Yes	ş
	:							
								]
								1
						Schedule R (Form 990) 2008	Form 990	) 2008

Form 4562

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No. 1545-0172

Name(s) shown on return

AMERICAN POLICE AND SHERIFF'S

Identifying number

ASSOCIATION, INC. 36-4494026 Business or activity to which this form relates INDIRECT DEPRECIATION Part **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 250,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 800,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 717 16 Partille MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2008 0 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 vrs. Residential rental S/L 27.5 yrs. MM property 27 5 yrs. MM S/L Nonresidential real MM SA 39 yrs. property MM SI Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Part IV Summary (See instructions.)

Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. 23 For assets shown above and placed in service during the current year,

enter the portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate Instructions.

Form 4562 (2008)

717

ММ

21

12 yrs.

40 <u>yrs</u>

20a

Class life

12-vear

40-year

2L345 AMERICAN POLICE AND SHERIFF'S
36-4494026 Federal Asset Report

FYE: 12/31/2008

Form 990, Page 1

04/02/2009 3:11 PM

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Deprecia 1 COMPU		2/01/04 _	3,308 3,308		-	3,308 3,308	5 MO S/L	2,591 2,591	717 717
	Total ACRS and Other Depre		3,308		τ	3,308		2,591	717
	Grand Totals Less: Dispositions Less: Start-up/Org Expense	-	3,308 0 0		-	3,308 0 0		2,591 0 0	717 0 0
	Net Grand Totals	_	3,308		_	3,308		2,591	717

**2L345 AMERICAN POLICE AND SHERIFF'S** 4/2/2009 3:11 PM **Federal Statements** 36-4494026 FYE: 12/31/2008 Taxable interest on investments Unrelated **Exclusion** Postal Description Amount **Business Code** Code Code INTEREST INCOME 5 14 TOTAL



Filing Fee: \$20.00

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

#### **NON-PROFIT CORPORATION**

#### **FICTITIOUS BUSINESS NAME STATEMENT**

Pursuant to the provisions of Section 7-6-11 of the General Laws of Rhode Island, 1956, as amended, the undersigned non-profit corporation hereby submits the following statement for authority to transact its affairs in the State of Rhode Island under a fictitious business name:

1.	The name of the non-profit corporation is	American Police and Sherriis	Association
2.	The fictitious business name to be used i	S Police Officers Safety Assoc	lation
3.	The state or other jurisdiction under the la	aws of which it is incorporated is	Rhode Island
4.	The date of incorporation is		
			jury, I declare that the information contained and correct.
D	Pate: 4-11-2002	American Police an	d Sherrifs Association
		ву 💮	gnature of Authorized Person
	•		Title

Form No. 626 Revised: 12/05 5008 VNC - 1 by S: 08

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Filing Fee: \$10.00 ID Number: 124073



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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

#### NON-PROFIT CORPORATION

# ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

SCORPAGE SATE STATE STAT

Pursuant to the provisions of Section 7-6-40 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation.

The following amendment to the Articles of Incorporation was adopted by the corporation.  [Insert Amendment]  The name of the Corporation is hereby changed to: "American Police and Sheriff's Association, Inc."	The name of the corporation is Police Officers Safety Association, Inc.
<pre>[Insert Amendment] The name of the Corporation is hereby changed to: "American Police and</pre>	
The name of the Corporation is hereby changed to: "American Police and	The following amendment to the Articles of Incorporation was adopted by the corporation.
	[Insert Amendment]
Sheriff's Association, Inc."	The name of the Corporation is hereby changed to: "American Police and
	Sheriff's Association, Inc."

3	The amendment was adopted in the following mani-	ner <sup>.</sup>
	(check one box only)	
	The amendment was adopted at a meeting meeting a quorum was present, and the an present or represented by proxy at such meeting	mendment received at least a majority of the votes which members
	The amendment was adopted by a consent members entitled to vote with respect there	
		g of the Board of Directors held on July 15, 2008 directors in office, there being no members entitled to vote with
4	Date when amendment is to become enective	Upon filing of these Articles of Amendment)
		Under penalty of perjury, we declare and affirm that we have examined these Articles of Amendment to the Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct
Da	July 21, 2008	Police Officers Safety Association, Inc.  Print Corporate Name
		By President or Vice President (check one)
		By AND  Secretary or Assistant Secretary (check one)